

# STATE TREASURER ACH ENROLLMENT FORM

**Mail or Fax to:**

Nebraska Department of Revenue  
Finance/Management Services  
PO Box 94818  
Lincoln, NE 68509-4818  
FAX: 402-471-5804

☐ NEW☐ CHANGE

**If you have any questions when completing this form,  
please contact the State Treasurer's Office:**

State Treasurer  
Attn: Treasury Management  
Rm. 2003, State Capitol  
Lincoln, NE 68509  
Phone: 402-471-2455

☒ CTX or  
CCD+

The information below should be completed by the vendor. If there are any questions, please contact the State Treasurer's Office at 402-471-2455.

It is the Financial Institution's responsibility to assure the accuracy of the following banking information. If there are any questions, please contact the State Treasurer's Office at 402-471-2455.

**Vendor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

May this authorization be used for? (check one)

- ☐ All payments by the State of Nebraska  
☐ All Department of Revenue payments only  
☐ Department of Revenue - LB775 payments only  
☐ Dept. of Revenue - Corporate Income Tax only  
☐ Other (specify) \_\_\_\_\_

**Financial Institution Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

ACH Coordinator: \_\_\_\_\_

Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

Nine Digit Routing Transit #: \_\_\_\_\_

Depositor Account #: \_\_\_\_\_

Depositor Account Title: \_\_\_\_\_

Type of Account:

☐ CHECKING ☐ SAVINGS

It is the responsibility of the state vendor to obtain the ACH payment related remittance information from their financial institution. The State of Nebraska sends this information through the ACH network with the payment to your financial institution. Please contact the ACH department at your financial institution regarding the services your bank provides to obtain the payment information.

(Please print or type – Signature Required)

Vendor Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

(Please print or type – Signature Required))

Bank Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_